

**MAY WATTS ELEMENTARY SCHOOL PTA
- PLAN OF WORK -**

Committee/Event: _____

Circle one: Ongoing Event Date: ____/____/____

Standing Chair: _____

Chairperson(s): _____

Volunteers: Please list on the back of this form or attach a separate list if necessary

Primary Goal of Committee or Event: _____

Specific Action Steps: _____

Budget: \$ _____

Budget Plan: \$ _____ for _____

\$ _____ for _____

\$ _____ for _____

\$ _____ for _____

Comments: _____

Signature of Committee/Event Chair

Signature Standing Chair